

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

**Instructions**

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

**FOR OFFICE USE ONLY**Postmark Date: 04/19/05

LSUPP

1030097

1. NAME Braden Henry E., IV  
Last First MI2. BUSINESS PHONE 504-581-20003. BUSINESS ADDRESS 228 St. Charles Ave.; Whitney Bank Bldg. Suite 1230  
Street and No. City State Zip~~MAINE ADDRESS~~ New Orleans LA 70130  
Street and No. City State Zip4. EMPLOYER Henry E. Braden, IV APLC5. EMPLOYER'S ADDRESS same as above  
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes \_\_\_\_\_ No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Entergy of LouisianaAddress P.O. Box 2431; Mail Unit L-Nort-4A; Baton Rouge, LA 70821Business or purpose Public Utility☒ New Representation  
Does this person pay you? Yes

If No, who pays you? \_\_\_\_\_

2005 APR 20 PM 2:00

Lobbyist's Registration  
CARD OF FINANCE  
RECEIVED

## SUPPLEMENTAL REGISTRATION FORM



2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

### CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

H. E. Braden, Jr.  
Signature of Lobbyist